<b>£1040</b>		artment of the Treasury-Internal Revenue Serv  S. Individual Income Tax		(99) <b>urn</b>	202	1   01	/IB No. 1545	-0074	IRS Use Only-	-Do not wri	te or staple ir	n this space.	
Filing Status Check only one box.	⊔ If yo	Single X Married filing jointly but checked the MFS box, enter the son is a child but not your dependent	name of									ow(er) (QW) qualifying	
Your first name	and m	iddle initial	Last r	name						Your so	cial securit	y number	
Ronald E			Jon	.es									
If joint return, s	oouse's	first name and middle initial	Last r	name						Spouse's	s social se	curity numbe	
Laura M			New	man									
Home address	(numbe	er and street). If you have a P.O. box, se	e instruc	ions.				Ap	1		ntial Election	on Campaign	
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete s	paces below	v.	State		Z P code		spouse if to go to tl	filing jointly his fund. Ch	v, want \$3 necking a	
Foreign country	name			Foreign pr	ovince/state/	county		Foreign			box below will not change your tax or refund.  You Spouse		
At any time dur	ing 20	21, did you receive, sell, exchange,	or other	wise dispo	se of any fir	ancial in	terest in ar	y virtua	I currency?		Yes	X No	
Standard Deduction		eone can claim:  You as a d Spouse itemizes on a separate ret	•		Your spouse dual-status		pendent						
Age/Blindness	You	: Were born before January 2,	1957	Are bli	nd <b>Sp</b>	ouse:	☐ Was bor	n befor	e January 2,	1957	☐ Is bli	ind	
Dependents	(see	instructions):			(2) Social s	ecurity	(3) Relation	nship	(4) Check if	qualifies	for (see ins	tructions):	
If more	(1) F	irst name Last name		number to you				u '	Child tax c	. 1	•	er dependents	
than four											Г	1	
dependents, see instructions													
and check													
here ▶													
	1_	Wages, salaries, tips, etc. Attach I	Form(s)	W-2						1			
Attach Sch. B if	2a	Tax-exempt interest	2a			<b>b</b> Taxa	ble interest			2b		18	
required.	3a	Qualified dividends	3a			<b>b</b> Ordin	nary dividends			3b			
	4a	IRA distributions	4a			<b>b</b> Taxa	ble amount			4b			
	5a	Pensions and annuities	5a			<b>b</b> Taxa	ble amount			5b		102,966	
Standard	6a	Social security benefits	6a			<b>b</b> Taxa	ble amount			6b			
Deduction for- Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶								7			
Married filing separately,	8	Other income from Schedule 1, lin	e 10			<i>.</i> .				8		(19,056)	
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is you	r total inco	me			>	9		83,928	
Married filing jointly or	10	Adjustments to income from Scheo	dule 1, li	ne 26 .						10		410	
Qualifying	11_	Subtract line 10 from line 9. This	is your <b>a</b>	adjusted g	ross incor	ne			>	11		83,518	
widow(er), \$25,100	12a	Standard deduction or itemized				-		1	25,100	<u>)</u>			
▶ Head of b Charitable contributions if you take the standard			ndard ded	uction (see i	nstructio	ns) <b>12</b> k	)						
household, \$18,800	С									12c		25,100	
If you checked any box under	13	Qualified business income deduct	ion from	Form 899	5 or Form 8	995-A				13			
Standard	14	Add lines 12c and 13								14		25,100	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If ze	ero or less,	enter -0-				15		58,418	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. EEA

Form **1040** (2021)

Form 1040 (2021	)	Ronald E Jones & Laura M Ne	ewman	•		7	No.	Page <b>2</b>
	16	Tax (see instructions). Check if any from	Form(s): <b>1</b> 🔲 881	4 <b>2</b> 4972	3		16	6,613
	17	Amount from Schedule 2, line 3			<del></del>		17	
	18	Add lines 16 and 17					18	6,613
	19	Nonrefundable child tax credit or credit for	other dependents	from Schedule 88	312		19	
	20	Amount from Schedule 3, line 8					20	1,252
	21	Add lines 19 and 20					21	1,252
	22	Subtract line 21 from line 18. If zero or les	s, enter -0-				22	5,361
	23	Other taxes, including self-employment ta	x, from Schedule 2	, line 21			23	
	24	Add lines 22 and 23. This is your total tax				🕨	24	5,361
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a		17.56	
	b	Form(s) 1099			25b	9,586		
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	9,586
If you have a	26	2021 estimated tax payments and amoun	t applied from 2020	return			26	
qualifying child, attach Sch. EIC.	<u>27</u> a	Earned income credit (EIC)			27a		74.35.77.3	
		Check here if you were born after January	1, 1998, and befo	re				
		January 2, 2004, and you satisfy all the otl	her requirements for	or				
		taxpayers who are at least age 18, to clair	n the EIC. See inst	ructions 🕨 🗌				
	b	Nontaxable combat pay election	27b					
	C	Prior year (2019) earned income	27c					
	28	Refundable child tax credit or additional cl	nild tax credit from	Schedule 8812	28			
	29	American opportunity credit from Form 88	63, line 8 • • •		29	835		•
	30	Recovery rebate credit. See instructions			30	C	$\Box$	
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. These a					32	835
	33	Add lines 25d, 26, and 32. These are your					33	10,421
Refund	34	If line 33 is more than line 24, subtract line					34	5,060
	35a	Amount of line 34 you want refunded to y			_		35a	5,060
Direct deposit? See instructions.	►b	Routing number X X X X X X	XXX	▶ c Type:	Checking	Savings		
ood modadadno.	►d	Account number X X X X X X	X   X   X   X   X	X   X   X   X   X				
	36	Amount of line 34 you want applied to you			36		110	
Amount	37	Amount you owe. Subtract line 33 from lin	ne 24. For details o	n how to pay, see	1 1		37	0
You Owe	38	Estimated tax penalty (see instructions)			38			
Third Party		you want to allow another person to discus						_
Designee		tructions			Yes	s. Complete I		∐ No
		ne <b>Kelly Farmer CPA</b>	Phone no.			Personal ident number (PIN)		
Sign		der penalties of perjury, I declare that I have exam	nined this return and	accompanying sche				my knowledge and
Here	bel	ef, they are true, correct, and complete. Declarati	ion of preparer (other	than taxpayer) is ba	ased on all inforn	nation of which	preparer	has any knowledge.
пете		r signature	Date	Your occupation		1		nt you an Identity
Joint return?							tection PI e inst.) 🌘	N, enter it here
See instructions.			01-30-2022					1 1 1 1 1 1
Keep a copy for	Spo							nt your spouse an ection PIN, enter it here
your records.			01-30-2022				e inst.)	
	Ph	one no.	Email address					
	Pre	parer's signature		Da	ite	PTIN		Check if:
Paid				ł	3-07-2022			Self-employed
Preparer	Pre	parer's name Kelly Farmer CPA			one no.	<u> </u>		zzi con cimpioyed
Use Only		n's name F Kelly Farmer CPA						
_		n's address ►						
						Firn	n's EIN 🕨	

#### SCHEDULE 1 (Form 1040)

Department of he Treasury Internal Revenue Service Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 01

Name(s) shown on Form 1040,1040-SR, or 1040-NR Your social security number Ronald E Jones & Laura M Newman Part I **Additional Income** 1 2a Date of original divorce or separation agreement (see instructions) . . . 3 Business income or (loss). Attach Schedule C 3 (19,365) 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 309 6 6 7 7 8 Other income: 8a 8b 8c 8d 8e 8f 8g 8h 8i 8i **k** Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such 8k Olympic and Paralympic medals and USOC prize money (see 81 m Section 951(a) inclusion (see instructions) ....... 8m Section 951A(a) inclusion (see instructions) ...... 8n 80 Taxable distributions from an ABLE account (see instructions) . . . . . 8p Other income. List type and amount 8z 9 9 Combine lines 1 through 7 and 9. Enter here and on Form 1040,1040-SR, or

(19,056)

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>		
С	Date of original divorce or separation agreement (see instructions)	·		
20	IRA deduction		20	
21	Student loan interest deduction		21	410
22	Reserved for future use		22	en e
23	Archer MSA deduction	, ,	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	2.7	
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	410

#### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. **03** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number Ronald E Jones & Laura M Newman Part I Nonrefundable Credits 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach 3 3 1,252 4 5 6 Other nonrefundable credits: General business credit. Attach Form 3800 . . . . . . . . . . . . . . . 6c Credit for the elderly or disabled. Attach Schedule R . . . . . . . . . . . . . . . . . 6d Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . . . . . . 6f 6g h District of Columbia first-time homebuyer credit. Attach Form 8859 . . . 6h Qualified electric vehicle credit. Attach Form 8834...... 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . 6j Credit to holders of tax credit bonds. Attach Form 8912 . . . . . . . . . . . . . . . . 6k 61 Other nonrefundable credits. List type and amount 6z 7 Add lines 1 through 5 and 7. Enter here and on Form 1040,1040-SR, or 1040-NR, 

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits		
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)		10
11	Excess social security and tier 1 RRTA tax withheld		11
12	Credit for federal tax on fuels. Attach Form 4136	,	12
13	Other payments or refundable credits:		
а	Form 2439	3a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	3b	
С	Health coverage tax credit from Form 8885	3с	
d	Credit for repayment of amounts included in income from earlier years	3d	
е	Reserved for future use	3e	
f	Deferred amount of net 965 tax liability (see instructions) 1	3f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	3g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	3h	
z	Other payments or refundable credits. List type and amount 1	3z	
14	Total other payments or refundable credits. Add lines 13a through 13z		14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or line 31		15 o

EEA

# SCHEDULE B (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
 ▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021

Attachment Sequence No. 0

Name(s) shown on return Your social security number Ronald E Jones & Laura M Newman Part I List name of payer. If any interest is from a seller-financed mortgage and the **Amount** buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address > (See instructions and the Instructions for Pruco Life Ins Co 18 Form0 1040, line 2b.) Note: If you received a Form 1 1099-INT, Form 1099-OID, or substitute INTEREST SUBTOTAL 18 statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 2 18 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, 18 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** Part II List name of payer ▶ **Ordinary Dividends** (See instructions and the Instructions for Form 1040, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends: (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign **Accounts** country? See instructions and Trusts If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Caution: If Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 required, failure to file FinCEN and its instructions for filing requirements and exceptions to those requirements . . . . . . . X Form 114 may If you are required to file FinCEN Form 114, enter the name of the foreign country where the result in financial account is located > substantial penalties. See During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a instructions. foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . . .

### **SCHEDULE C** (Form 1040)

Department of the Treasury

Internal Revenue Service (99) Name of proprietor

### **Profit or Loss From Business**

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

(Sole Proprietorship)
► Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **09** 

rvaine (	in proprietor		Social security number (SSN)
	ld E Jones		
Α	Principal business or profession, including product or service (see ins	structions)	B Enter code from instructions
	ulting		<b>D</b> 5 1 12 1 (200)
С	Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr
E	Business address (including suite or room no.) ▶		
	City, town or post office, state, and ZIP code		
F	Accounting method: (1) X Cash (2) Accrual (3)	Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during	g 2021? If "No," see instructions for limit o	n losses X Yes
Н	, , , , , , , , , , , , , , , , , , , ,		L
1	Did you make any payments in 2021 that would require you to file For		
J	If "Yes," did you or will you file required Form(s) 1099?		Yes
Part			
1	Gross receipts or sales. See instructions/for line 1 and check the box	if this income was reported to you on	
	Form W-2 and the "Statutory employee" box on that form was checked	d ▶ 🗌	1 9,
2	Returns and allowances /		. 2
3	Subtract line 2 from line 1 / /		
4	Cost of goods sold (from line 42) /		
5	Gross profit. Subtract line 4 from line 3 /		
6	Other income, including federal and state gasoline or fuel tax credit or		
7	Gross income. Add lines 5 and 6 /	<u></u>	7 9,
Part	<u> </u>	ur home <b>only</b> on line 30.	
8		Office expense (see instructions).	
9	, / / /	19 Pension and profit-sharing plans.	. 19
	, /	Rent or lease (see instructions):	
10	Commissions and fees / 10	a Vehicles, machinery, and equipment.	
11	Contract labor (see instructions) 11/	<b>b</b> Other business property	
12	. /	Repairs and maintenance	
13	expense deduction (hot	Supplies (not included in Part III).	
	included in Part III)/(see /	Taxes and licenses	. 23
		24 Travel and meals:	
14	Employee benefit programs	a Travel	. 24a 1,
	(other than on line 19) / 14	<b>b</b> Deductible meals (see	
15	Insurance (other than health) 15	instructions)	
16	` / / /	25 Utilities	
a	, , ,	Wages (less employment credits)	26
	/ /	Other expenses (from line 48)	
<u>17</u> 28	Legal and professional services 17 450  Total expenses before expenses for business use of home. Add lin	b Reserved for future use	
20 29	Tentative profit or (loss). Subtract line 28 from line 7		
30	Expenses for business use of your home. Do not report these expens		. 29 (19,
30	unless using the simplified method. See instructions.	es elsewhere. Attach i Offi 0029	
	Simplified method filers only: Enter the total square footage of (a)	) your home: 1,820	
	and (b) the part of your home used for business:	300 . Use the Simplified	-
	Method Worksheet in the instructions to figure the amount to enter on		. 30
31 /	Net/profit or (loss). Subtract line 30 from line 29.		. 30
<b>3.</b> /	•/If a profit, enter on both Schedule 1 (Form 1040), line 3, and on	Schedule SF, line 2 (If you	
/	checked the box on line 1, see instructions). Estates and trusts, enter		31 (19,
/	If a loss, you <b>must</b> go to line 32.	5. 5 Offin 10-1, mile 5.	31 (19,
/32/	If you have a loss, check the box that describes your investment in thi	s activity. See instructions	
/ 7	<ul> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 10</li> </ul>	· -	
' /	SE, line 2. (If you checked the box on line 1, see the line 31 instruct		32a X All investment is at a
/	Form 1041, line 3.	action, Educated and addis, Onto on	32b Some investment is
	<ul> <li>If you checked 32b, you must attach Form 6198. Your loss may</li> </ul>	be limited.	at risk.
	, and allocation one, , and illustration is defined to the local local liney	~~	

Schedul	e C (Form 1040) 2021 consulting			Page 2
Name(s		SSN		
Part I	I E Jones  Cost of Goods Sold (see instructions)			
33	Method(s) used to	tach expl	anation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?	Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		-
41	Inventory at end of year	41		
Part I	<ul> <li>Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4</li> <li>Information on Your Vehicle. Complete this part only if you are claiming car o are not required to file Form 4562 for this business. See the instructions for line Form 4562.</li> </ul>			
43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ 01-01-2	2015		
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle fo	r:	
а	Business 2,000 b Commuting (see instructions) c	Other		3,000
45	Was your vehicle available for personal use during off-duty hours?		X Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		X Yes	No No
47 a	Do you have evidence to support your deduction?		X Yes	No
b	If "Yes," is the evidence written?		X Yes	No
Part \	Other Expenses. List below business expenses not included on lines 8-26 or lines	ne 30.		
Site	lock Security			70
Vide	o equipment, various			6,904
Inte	rnet			396
Rese	arch materials		-	274
Anti	Virus			80
Mobi	le phone service			3,091
Web	domains			831
Secu	rity Pass annual fee			179
48	Total other expenses. Enter here and on line 27a	48		11 825

### **SCHEDULE E** (Form 1040)

**Supplemental Income and Loss** 

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number

	d E Jones & Laura M Newman											
Part		ya	lties	Note	: If you a	are in the	business of	renting per	sonal	prope	erty, ı	ıse
	Schedule C. See instructions. If you are an individual, repo	ort	farm	rental in	come or	loss fro	m <b>Form 483</b>	<b>5</b> on page 2	, line	40.		
A Did	d you make any payments in 2021 that would require you	to	file l	Form(s)	1099?	See ins	structions		. [	Yes	s [	No
B If"	Yes," did you or will you file required Form(s) 1099?				<u>.</u>				. [	Yes	s [	No
<u> 1a</u>	Physical address of each property (street, city, state, Z	ΙP	cod	e)								
A	ROYALTIES											
B									-			
С												
1b	Type of Property  2 For each rental real estate property above, report the number of fair ren					Fai	r Rental	Persona	l Use	•	QJ	.,
	personal use days. Check the QJV	itai bc	and ox on	lv i			ays	Day	s		QJ	<b>V</b>
<u>A</u>	if you meet the requirements to file a	as i	a		Α							
B	qualified joint venture. See instructio	ns.			В							
<u>C</u>					С							
	of Property:											
	gle Family Residence 3 Vacation/Short-Term Rental					' Self-F						
	ti-Family Residence 4 Commercial		Ro	yalties		Other	(describe)					
Incom		:			Α			3			С	
3 4	Rents received	+	3									
Expen	Royalties received	+	4			309						
5	Advertising		5									
6	Auto and travel (see instructions)	-	6									
7	Cleaning and maintenance	ŀ	7									
8	Commissions	H	8									
9	Insurance	H	9									
10	Legal and other professional fees	ŀ	10									
11	Management fees	H	11									
12	Mortgage interest paid to banks, etc. (see instructions)	H	12									
13	Other interest	H	13									
14	Repairs	H	14									
15	Supplies	F	15									
16	Taxes	t	16									
17	Utilities	r	17									
18	Depreciation expense or depletion	r	18					-				
19	Other (list) ▶	r	19									
20	Total expenses. Add lines 5 through 19	r	20									
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	r										
	result is a (loss), see instructions to find out if you must											
	file Form 6198		21			309						
22	Deductible rental real estate loss after limitation, if any,											
	on Form 8582 (see instructions)		22	(		)	(	)	(			,
23a	Total of all amounts reported on line 3 for all rental prope					23a		0				
b	Total of all amounts reported on line 4 for all royalty prop		ties			23b		309				
С	Total of all amounts reported on line 12 for all properties					23c		0				
d	Total of all amounts reported on line 18 for all properties					23d		0				
е	Total of all amounts reported on line 20 for all properties					23e		0				
24	Income. Add positive amounts shown on line 21. Do no											309
25	Losses. Add royalty losses from line 21 and rental real estate lo								(			0)
26	Total rental real estate and royalty income or (loss).							ılt				
	here. If Parts II, III, IV, and line 40 on page 2 do not apply	-	-									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	am	ount	in the t	otal on	line 41	on page 2	. 26				309

## Form **8863**

# Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

OMB No. 1545-0074

Attachment Sequence No. 50

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

!

CAUTION

Ronald E Jones & Laura M Newman

you complete Parts I and II.

 Your social security number

Part	I Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all Par	rts III,	line 30	1	2,087
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	qualifying widow(er)	2	180,000		
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3	83,518		
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education				
	credit	4	96,482		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying widow(er)	5	20,000		
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6	7			
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to	0		6	1.000
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year a	and m	eet the		
	conditions described in the instructions, you can't take the refundable American of				
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ \ldots \ \ldots$			7	2,087
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	835
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (			9	1,252
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If				
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	0
11	Enter the smaller of line 10 or \$10,000			11	
12	Multiply line 11 by 20% (0.20)			12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				
	qualifying widow(er)	13			
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying widow(er)	16			
17	If line 15 is:				
	<ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> </ul>				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round				
	places)			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (		,	18	0
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Lim				
	instructions) here and on Schedule 3 (Form 1040), line 3			19	1,252

Form	8863	(2021)	

Ronald E Jones & Laura M Newman

Page 2

Name(s) shown on return

Your social security number

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

\$000 BESS \$4.48	
Part III Student and Educational Institution Information	on. See instructions.
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)
Laura Newman	
22 Educational institution information (see instructions)	
a. Name of first educational institution  Rocky Mountain School of Art Inc	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  1600 Pierce Street	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
Denver, CO 80214	
(2) Did the student receive Form 1098-T  Yes No No	(2) Did the student receive Form 1098-T Yes No
(3) Did the student receive Form 1098-T	(3) Did the student receive Form 1098-T
from this institution for 2020 with box Yes No 7 checked?	from this institution for 2020 with box Yes No 7 checked?
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
84-0638274	
23 Has the Hope Scholarship Credit or American opportunity	
credit been claimed for this student for any 4 tax years before 2021?	Yes - Stop! Go to line 31 for this student.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	▼ Yes - Go to line 25.  □ No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	Yes - Stop!  Go to line 31 for this No - Go to line 26. student.
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?	Yes - Stop! Go to line 31 for this student.  No - Complete lines 27 through 30 for this student.
You can't take the American opportunity credit and the you complete lines 27 through 30 for this student, don't	lifetime learning credit for the <b>same student</b> in the same year. If complete line 31.
American Opportunity Credit	
27 Adjusted qualified education expenses (see instructions). Don't	
28 Subtract \$2,000 from line 27. If zero or less, enter -0	<del></del>
<b>29</b> Multiply line 28 by 25% (0.25)	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add	1
enter the result. Skip line 31. Include the total of all amounts fro	m all Parts III, line 30, on Part I, line 1   30   2,087
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Include	• •
III, line 31, on Part II, line 10	

# 8867

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

### Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Oppendents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 70

Taxpayer name(s) shown on return Taxpayer identification number Ronald E Jones & Laura M Newman Enter preparer's name and PTIN

	y Farmer CPA			
Part				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete th	e related	Parts	I–V
or the	benefit(s) claimed (check all that apply).	AOTC		НОН
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)	x		10077
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC			
	worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS, or Schedule 8812 (Form			
	1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own			
	worksheet(s) that provides the same information, and all related forms and schedules for each credit	,		
	claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	$\mathbf{x}$	П	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or			Total Control
	information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			1
	answer questions 4a and 4b. If "No," go to question 5.)		$\mathbf{k}$	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions			
	you asked, whom you asked, when you asked, the information that was provided, and the impact the			
	information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must			
	keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any			
	applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the			
	taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure	100		
	the amount(s) of the credit(s)	$\mathbf{k}$	П	
	List those documents provided by the taxpayer, if any, that you relied on:	-		
	1098T			
				123.0
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the			
	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	k	П	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X X	П	
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?	<b>V</b>	LOTTE LANGE	

	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	ШЛ	Page
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	163	140	18//-
	and does not have a qualifying child, go to question 10.)	П	П	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?	П		
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?	П	П	П
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not of		TC. A	CTC
	or ODC, go to Part IV.)		, , ,	0.0,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	П	П	
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	П	П	
art	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	ao to	Part \	//
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified		Yes	No
	tuition and related expenses for the claimed AOTC?	34	x x	
art	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status	s ao to	Part \	// /
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax y	ear	Yes	No
	, , , , , , , , , , , , , , , , , , ,			
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?		П	
oart	and provided more than half of the cost of keeping up a home for the year for a qualifying person? VI Eligibility Certification			
art	VI Eligibility Certification		IOH fili	
Part	VI Eligibility Certification  ➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) a		IOH fili	
Part	<ul> <li>VI Eligibility Certification</li> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:</li> </ul>	nd/or H		ng
Part	<ul> <li>VI Eligibility Certification</li> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:         <ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response</li> </ul> </li> </ul>	nd/or H	the retu	ng irn or
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<sup>2</sup> art	<ul> <li>▼ You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:         <ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsin your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);</li> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklis credit(s) claimed and HOH filing status, if claimed;</li> <li>C. Submit Form 8867 in the manner required; and</li> <li>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 Document Retention.</li> <li>1. A copy of this Form 8867.</li> <li>2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> </ul> </li> </ul>	nd/or H ses on to and/or t for any	the retu HOH f y applic	ng irn or illing cable
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### § 1040-X

Department of the Treasury - Internal Revenue Service

#### Amended U.S. Individual Income Tax Return

Use this revision to amend 2019 or later tax returns.

OMB No. 1545-0074

► Go to www.irs.gov/Form1040X for instructions and the latest information. (Rev. July 2021) This return is for calendar year (enter year) 2021 or fiscal year (enter month and year ended) Your first name and middle initial Last name Your social security number Ronald E Jones If joint return, spouse's first name and middle initial Last name Spouse's social security number Laura M Newman Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Foreign country name Foreign province/state/county Foreign postal code Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date. ☐ Single Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) Qualifying widow(er) (QW) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ Enter on lines 1 through 23, columns A through C, the amounts for the return B. Net change -A. Original amount reported or as amount of increase C. Correct year entered above. or (decrease) -explain in Part III previously adjusted amount Use Part III on page 2 to explain any changes. (see instructions) **Income and Deductions** Adjusted gross income. If a net operating loss (NOL) carryback is 1 83,518 13,637 97,155 2 2 25,100 25,100 3 58,418 13,637 72,055 4a 4b Taxable income. Subtract line 4b from line 3. If the result is zero or less, 58,418 13,637 72,055 Tax Liability Tax. Enter method(s) used to figure tax (see instructions): 6 6,613 1,638 8,251 Nonrefundable credits. If a general business credit carryback is 7 1,252 1,252 Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . . . . . . . . . . . . 8 5,361 1,638 6,999 10 10 11 5,361 1,638 6,999 **Payments** Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 12 9,586 9,586 Estimated tax payments, including amount applied from prior year's return . . . . . 13 13 14 14 835 835 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed 16 17 17 10,421 **Refund or Amount You Owe** 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 5,060 Subtract line 18 from line 17. (If less than zero, see instructions.) 19 19 5,361 20 20 1,638 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return...... 21 22 23 Amount of line 21 you want applied to your (enter year): estimated tax 23 Complete and sign this form on page 2.

Form 1040-X (R	ev. 7-2021) Dependents								Page 2
Complete this part to change any information relating to your dependents.  This would include a change in the number of dependents.  Enter the information for the return year entered at the top of page 1.				A. Original number of dependents reported or as previously adjusted		B. Net change nount of increase or (decrease)	C. Correct number		
24 Reserved for future use				24					
25 Your c	our dependent children who lived with you		25						
26 Your c	dependent children who didn't	live with you due to di	vorce or						
separa	paration			26					
27 Other	dependents			27					
28 Reser	ved for future use			28					
				29					
	LL dependents (children and	others) claimed on th	nis amended return.						
Dependents (	(see instructions):		(b) Social security	(c) R	elationship	(d) Ch	neck if qualifies for	(see instru	uctions):
If more	(a) First name	Last name	number		o you	Chile	d tax credit	Credit for other	
than four dependents,	(a) First name	Lastrianie	TIGHTISOT					dependents	
see						-	<u> </u>		<u></u>
instructions									
and check	•								<u></u>
here ► [_]	Dracidential Election	Compoign Fund	(for the return constant		4 4l 4 f	1			
	Presidential Election		(lor the return year er	itered a	true top of p	page 1)			
	w won't increase your tax or i ere if you didn't previously wa	-	l but now do						
		=		41a - E1		_			
Part III	ere if this is a joint return and Explanation of Chan						40 V		
An amount	was erroneously er	ntered on Sched	dule C as Adverti	sing.	This co	prrect	s the erro	or.	
Sign Here	Remember to keep a Under penalties of perjury, I of and statements, and to the betaxpayer) is based on all information.  Your signature  Spouse's signature. If	leclare that I have filed ar est of my knowledge and	n original return, and that I ha belief, this amended return is preparer has any knowledge.	Date	ned this amend rect, and compl	ete. Decla	, including accomparation of prepare our occupation	r (other tha	nedules n
		a joint rotain, <b>both</b> must:	Jigii.	Date	Date	- 5	<u> </u>		
Da!d	Preparer's signature	1					Check X if self-employed	-	
Paid	Print/Type preserves	Vollar Borner C	D 3		03-08	-2022	aen-employed		
Preparer	Print/Type preparer's name Firm's name ► Kellv		PA				F11. F11.1.		
Use Only	Finale address Kelly	Farmer CPA					Firm's EIN ▶		

For forms and publications, visit www.irs.gov/Forms.

Firm's address ▶

Form **1040-X** (Rev. 7-2021)

Phone no.